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## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 6/27/2016

NAME: UA Johnson Voluntees, LLC

TYPE OF FILING: CONVERSION

COST: 150.00

RETURN: Plain

ACCOUNT: FCA00000015

**AUTHORIZATION: ABBIE/PAUL HODGE** 

# Articles of Conversion

For

#### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Busin VA Johnson Volunteer, LLC	ness Entity" immediately prior to the filing of the Articles of	of Conversion is:
	Enter Name of Other Business Entity)	
2. The "Other Business Entity" i	s a limited liability company	
2. The Guidi Business Birmy	(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorp	orated under the laws of Virginia	
09/17/2009	(Enter state, or it a non-tr.5, entity, the man	ne of the country)
(date of organization, formation or	incorporation)	
	ted Liability Company as set forth in the attached Articles	s of Organization:
(Enter Nam	ne of Florida Limited Liability Company)	
4. If not effective on the date of (	filing, enter the effective date: June 28, 2016	
(The effective date: 1) cannot be date this document is filed by the date listed in the attached Artic	ne prior to date of receipt or filed date nor more than 9th he Florida Department of State; <u>AND</u> 2) must be the sailes of Organization, if an effective date is listed therein. Hoes not meet the applicable statutory filing requirements, this date will he sailes and the applicable statutory filing requirements.	me as the effective
5. The plan of conversion has bee 6. VA Johnson Volunteer, LLC hereby a	en approved in accordance with all applicable statutes.  Igrees to pay to the members of any limited liability company with appra	aisal rights the amount to which

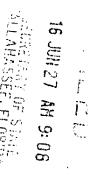
Page 1 of 2

such members are entitled under Sections 605.1006 and 605.1061 through 605.1072 of the Florida Revised Limited Liability Company Act.

80 :6 HW 22 HOF 91

Signed this 29th day of June	20_16
Signature of Authorized Representative of Lim	ted Liabithy Company:
Signature of Authorized Representative:	will
Printed Name: Steven E. Johnson	Title: Member
Signature: Signature: Printed Name: Steven E. Johnson	[See below for required signature(s)]
Printed Name: Steven E. Johnson	Title: Member
01	
Signature:Printed Name:	Title:
T ( Inter T ( an) ( )	
Signature:	
Printed Name:	Title:
Signature:	
Printed Name:	Title:
Signature:	The state of the s
Printed Name:	Title:
Signature:	
Printed Name:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or G If Directors or Officers have not been selected, an Inc	
<u>If Florida General Partnership or Limited Llabilit</u> Signature of one General Partner.	y Partnership:
<u>If Florida Limited Partnership or Limited Liabilit</u> Signatures of <u>ALL</u> General Partners,	y Limited Partnership:
All others: Signature of an authorized person,	
Fees:	
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)

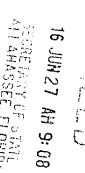
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
VA Johnson Volunteer, LLC (Must end with the words "Limited Liability	ity Company "L.I.C." or "L.I.C.")
(Musi end with the words - Limited Claotia	ny Company, E.E.C., or E.E.C. )
ARTICLE II - Address: The mailing address and street address of the pri	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2563 Players Ct Wellington, FL 33414	2563 Players Ct Wellington, FL 33414
business entity with an active Florida registration.)  The name and the Florida street address of the re  Capitol Corporate Services, Inc.  Name  155 Office Plaza Drive, Suite A	
Florida street address (P.O.	
Tallahassee City	FL 32301 Zíp
liability company at the place designated in a registered agent and agree to act in this capacit statutes relating to the proper and complete po	<i>y</i>
(CONTINU	UED)
	- <u>-</u>

Page 1 of 2



<u> Pitle:</u>	Name and Address:
'AMBR" = Authorized Member	
"MGR" = Manager	Crayen E. Johnson
AMBR	Steven E. Johnson 2563 Players Ct
	Wellington, FL 33414
	Wellington, LD 33411
	•
fective date is listed, the date mu	the date of filing: June 28, 2016 . (OPTION) st be specific and cannot be more than five business
EV: Effective date, if other than fective date is listed, the date mudays after the date of filing.) he date inserted in this block does not me a effective date on the Department of Sta	st be specific and cannot be more than five business et the applicable statutory filing requirements, this date will not be
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The name and address of each person authorized to manage and control the Limited Liability

ARTICLE IV-